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CONFIRMATION NO. 7453

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|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>10/629,485 | FILING DATE<br>07/29/2003<br><br>RULE | CLASS<br>707 | GROUP ART UNIT<br>2166 | ATTORNEY<br>DOCKET NO.<br>10992445-2 |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/765,883 01/16/2001 PAT 6,629,098

YES (us)

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NO (us)

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/28/2003

|   |  |                           |                        |                       |                            |
|---|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>7 | TOTAL<br>CLAIMS<br>24 | INDEPENDENT<br>CLAIMS<br>4 |
| Verified and Acknowledged                                   | Examiner's Signature <i>[Signature]</i><br>Initials <i>us</i>  |                           |                        |                       |                            |

## ADDRESS

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## TITLE

Method and system for validating data submitted to a database application

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|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>906 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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